Docket No.

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATION

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h is described and claimed	d in (if the following be	ox is not checked,	the specification of which is atta	iched hereto):
the attached specifica				
the specification in the and with amendments fil	e Application No		filed on(if applical	hla) or
•				ole), or
the specification in Inter- Filed February 28, 20	emational Application 105and as amend	ded on	2005/003818, (if applicable).	•
			ts of the above-identified specific	eation including the c
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I acknowledge my duty	to disclose to the U.:	S. Patent and Tra	demark Office all information kno	own to me to be mate
tability as defined in Title 3				
I hereby claim foreign	priority benefits unde	er Title 35. United	States Code, §119 (a-d), §172	or \$265(b) of any f
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□ Additional U.S. provisional application numbers are listed on a supplemental priority sheet attached hereto.

Docket No.

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

S: PATENTED, PENDING, ABANDONED
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□ Additional U.S. or international application numbers are listed on a supplemental priority sheet attached hereto.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and agents associated with U.S. Patent and Trademark Office Customer Number identified bellow to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that customer number.

I hereby authorize the U.S. attorneys and agents associated with the customer number to accept and follow instructions from Matsushita Electric Industrial Co., Ltd., and any affiliated or subsidiary company thereof, received via their corporate representatives and/or their foreign patent attorneys or agents, if any, as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys or agents and myself.

Direct Correspondence to:

53080

I further declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or First	FIRST NAME	LAST NAME	SIGNATURE	DATE O	F SIGNATURE
Inventor	Naoki	EJIMA	Machi Zin	a Feb.	,2,2006
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	Osaka	Japan		Japan	
Post Office Address	ADDRESS	CITY	STATE OR O	COUNTRY	ZIP CODE
	12-10, Kitakuzı	uha-cho, Hirakata-shi	, Osaka, Japan 573-11	02	

Full Name of Second Inventor	FIRST NAME	LAST NAME	SIGNATURE DA	TE OF SIGNATURE
Residence & Citizenship	CITY	STATE OR COUNTRY	COUNTR	Y OF CITIZENSHIP
Post Office Address	ADDRESS	CITY	STATE OR COUNTR	Y ZIP CODE

Full Name of Third Inventor Residence & Citizenship Post Office Address ADDRESS CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP Full Name of Fourth Inventor Residence & Citizenship Post Office Address ADDRESS CITY STATE OR COUNTRY STATE OR COUNTRY ZIP CODE Full Name of Fourth Inventor Residence & Citizenship Post Office Address ADDRESS CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP Post Office Address ADDRESS CITY STATE OR COUNTRY STATE OR COUNTRY COUNTRY OF CITIZENSHIP Post Office Address ADDRESS CITY STATE OR COUNTRY COUNTRY OF CITIZENSHIP Post Office Address ADDRESS CITY STATE OR COUNTRY ZIP CODE Full Name of SIGNATURE FIRST NAME LAST NAME SIGNATURE DATE OF SIGNATURE FULL Name of SIGNATURE FULL NAME SIGNATURE DATE OF SIGNATURE STATE OR COUNTRY ZIP CODE Full Name of SIGNATURE STATE OR COUNTRY COUNTRY OF CITIZENSHIP Post Office Address ADDRESS CITY STATE OR COUNTRY ZIP CODE Full Name of SIGNATURE FULL NAME SIGNATURE DATE OF SIGNATURE STATE OR COUNTRY ZIP CODE Full Name of SIGNATURE FULL NAME SIGNATURE DATE OF SIGNATURE STATE OR COUNTRY ZIP CODE Full Name of SIGNATURE STATE OR COUNTRY ZIP CODE Full Name of SIGNATURE STATE OR COUNTRY STATE OR COUNTRY STATE OR COUNTRY ZIP CODE	Docket No.	Docket No. MEI Form -1.2, (July 1, 200				
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(If there are more than seven inventors, please add a copy of this page for identification and signature for the additional inventors)

The above application may be more particularly identified as follows:						
U.S. Application No.		Filing Date		<u>~</u>		
Applicant Reference Number	P038120-01	Attorney Docket No.				